Workshop Report:

Indigenous Health Literacy Benchmarking for the NT

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The workshop at the Chronic Disease Network conference offered an opportunity for Indigenous and non-indigenous health professionals, academics and policy-makers to provide input into the Health Literacy action highlighted in the *Territory 2030 Strategic Plan*.

Twenty five people came along to the workshop. Here's a short summary of key ideas.

Print Literacy is well established as a social determinant of health. Maybe the notion of Health Literacy might be distracting us from the importance of print literacy. But there's no necessary link between the two. Having good literacy is one thing. Having the confidence to speak up in front of a team of white professionals or knowing where to go to get the right sort of care at the right time is another.

Many health professionals find it difficult to navigate the health system they are part of. The various roles and structures they face within the health system are daunting. There are numerous demands on health professionals –competing work priorities, complex health issues to address, and challenging work schedules. They are not always in a position to work the system effectively or to reorient its focus. They too have poor Health Literacy.

Talking about Health Literacy could make people feel bad about themselves, especially if they don't have high print literacy levels themselves. When used in regard to Aboriginal people it is often used in a negative sense, a new way of dressing up the old idea of compliance.

The question of how we work with the traditional Aboriginal systems of family and healing disappear when we start talking about Health Literacy. So do the ways in which Aboriginal communities are doing things differently, in creative and innovative ways. Besides, health means different things to different people. It is not just biomedically determined.

How might we benchmark Health Literacy? Could we use Key Performance Indicators? It would be better to use existing ones than create new ones. For example: access to and uptake of health services, health promotion and education, cultural awareness training, monitoring of chronic diseases, immunisation rates, interpreter engagement, 'absconding' rates, the proportion of Aboriginal staff in the work place, inclusion of family in assessments, provision for hearing loss.

Maybe a checklist to assess different services would be a good idea. But we would need to start by talking to people in different contexts – remote clinics, hospital wards, top end, desert, homelands, townships asking them to tell the government what they think Health Literacy actually is.

The Canadians have framed Health Literacy as part of a national discussion. But if we work to improve the whole system, maybe the Aboriginal clients and their families will still fall through the cracks. We need more talking together to define what we mean by Health Literacy in different contexts.

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